



United States Department of Health & Human Services

Office on Disability Newsletter

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A LETTER FROM THE DIRECTOR: MARGARET GIANNINI, M.D., F.A.A.P.

Greetings. I hope you enjoy our Fall 2008 Newsletter. So much has happened over the past year, and we have much planned for 2009. In this issue, you'll see many items including information on major initiatives of the Office on Disability (OD) and other information of interest.

I'm particularly excited about several of our past meetings such as the May 6 conference on the Use of Deep Brain Stimulation for Treating Neurological Disorders, which represented months of hard work and collaboration with the prestigious Cleveland Clinic and which promised to change the lives of persons affected by brain-related injury and motor movement disorders such as dystonia and Parkinson's Disease.

Since the May 22 Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities conference that we hosted, there have been ongoing conferences with our partner, Department of Labor (DOL). These major conferences have engaged corporations and employers in discussion regarding employment, the importance of hiring persons with disabilities, and emphasizing the connection between employment and wellness.

Constituent meetings which occur quarterly, call together constituents that represent the 54 million persons with disabilities. The meetings have been most valuable through the years. The meetings have significant importance because the Office on Disability and constituents have the opportunity to receive input and discuss issues.

The I Can Do It, You Can Do It program has expanded greatly, and we have many more participants at agencies and universities. The program has been enthusiastically received by children with disabilities, and more and more children are getting involved. A few months ago, I awarded 1000 patches to children with disabilities in Miami-Dade, Florida with Jayne Greenberg, Ph.D., Director of the *I Can Do It, You Can Do It* Program in the Miami-Dade County Public Schools, for meeting the President's Challenge for Physical Fitness. One child earned the "Presidential Gold Medal Award" for continuing an active lifestyle since he was awarded the initial patch in 2005. I also awarded two Presidential Silver Medal Awards at this event. This program is reaching out and truly changing the lives of children with disabilities. The program is expanding and escalating nationwide into various states. Presently, there are eighteen I Can Do It, You Can Do It sites throughout the United States.

The preparation of the document *Early Intervention for Children from Birth to Three Years who are Deaf or Hard of Hearing* is completed. This document is designed for health care providers, parents, and the community. The goal of the document is that everyone will be sensitive to deafness and hard of hearing, regardless of their role in the community. This report is an outcome of the Surgeon General's *Call to Action*, and represents a milestone in completing a two-year project that will improve the lives of children with disabilities both now and in the future with emphasis on intervention.

We must always look to the future and ask ourselves: What else needs to be done? Where must we focus future priorities? Two Initiatives on which I will be focusing in the near future include: 1) Traumatic Brain Injury (TBI) -- and addressing all aspects of TBI -- and 2) the high level of suicide in young persons with disabilities. We need to address these issues and be more sensitive to them. A document on this topic of suicide is complete and ready for publication. This document will add insight into the critical nature of suicide and give direction to policymakers in pursuit of services training and research.

When I think back to how I arrived to and had the great honor to be appointed by the President George W. Bush as the Director of the First Office on Disability in the U.S. Department of Health and Human Services, I can see what has happened through the years since the President created the New Freedom Initiative (NFI), through his 2001 Executive Order. For the first time ever, the federal government, state and local governments, private industry, academia, and the medical community have worked in close collaboration and partnerships to be responsive to the needs and rights of persons with disabilities, not only outlined in the New Freedom Initiative – but well beyond. All types of partnerships have formed to support the New Freedom Initiative nationwide and worldwide seeking to destroy the gaps in services and barriers still facing persons with disabilities. Forces are being joined to tear down those barriers for persons with disabilities.

That's how it all got started, and I marvel at how many initiatives have been developed. I'm pleased with the progress and I'm committed to remain vigilant – as I know you are -- to continue these efforts – to identify new ones – and to remedy them. We cannot stop until the job is done!

The Office on Disability, Created in October 2002, oversees the implementation and coordination of disability programs and policies for America's 54 million persons with disabilities. The Office on Disability leads the United States Department of Health and Human Services toward accomplishing the goals outline by President George W. Bush's New Freedom Initiative, and ensures persons with disabilities across the lifespan have a voice within the Department of Health and Human Services.

Events: Office on Disability and Cleveland Clinic Hosted May 6 Conference on the Use of Deep Brain Stimulation for Treating Neurological Disorders

Hundreds of national experts on Deep Brain Stimulation (DBS) convened in Washington, D.C., at the U.S. Department of Health and Human Services (HHS) on May 6, 2008, to discuss current research on DBS and the promise of this new medical technology for persons affected by brain-related injuries and other motor movement disorders. Neurosurgeons, experts, and physicians from Johns Hopkins, Emory, Vanderbilt and other Universities lectured and participated in panel discussions. Other panelists included patients with DBS implants, patient support group advocates, federal agencies, clinicians, ethicists, and clinical and basic neuro-scientists.

DBS or brain pacemaker technology is among the most rapidly growing areas in medicine with enormous potential for treating various chronic and disabling neurological disorders. There have been over 40,000 DBS implants worldwide. Currently, the Food and Drug Administration (FDA) approves DBS for the treatment of movement disorders such as Parkinson's disease, essential tremor, dystonia, and others. DBS therapy is now being explored through various clinical trials to treat a number of other neurological and neuropsychiatric disorders, and promising data are emerging for DBS for patients with obsessive compulsive disorder, depression, epilepsy, stroke, and traumatic brain injury. Cleveland Clinic (CC) neurologists believe DBS therapy is truly life altering, and research indicates profound improvements in the quality of life for patients who have exhausted most, if not all, other treatment options.

The Conference was designed to inform HHS staff, other Federal Agencies, non-government stakeholders, and other public and private entities on the use of DBS as a treatment intervention and to present current research as it affects persons with disabilities. Emphasis was placed on the impact of this technology on patients' quality of life, level of functioning, re-integration into the workforce, access to care, medical innovation, and healthcare economics and ethics.

FDA Commissioner Andrew von Eschenbach's representative Dr. Schultz, Acting Surgeon General Steven Galson's representative RADM Rutstein, and representatives from the National Institutes of Health made formal remarks.

Consistent with its mission to improve the welfare of persons with disabilities, the Office on Disability established a partnership with CC to provide this conference which was co-chaired by Margaret Giannini, M.D. and Ali Rezai, M.D. The CC, located in Cleveland, Ohio, is a not-for-profit, multispecialty academic medical center that integrates clinical and hospital care with research and education. The Neurological Institute at CC has a diverse clinical research program, with more than 80 full-time neurologists and neurosurgeons. The Center provides comprehensive medical and surgical care for a wide range of neurologically based concerns in adults and children, including cerebrovascular disease (stroke, aneurysms and arteriovenous malformations), epilepsy, movement disorders such as Parkinson's disease and dystonia, multiple sclerosis, sleep disorders, metabolic disease, pituitary disorders, brain tumors and spinal concerns.

For more information on the Conference, contact the Office on Disability at (202) 401-5844.

Editor's Note: Cleveland Clinic was formerly known as Cleveland Clinic Foundation.

HHS MAKING STRIDES TO ACHIEVE GOALS OF SURGEON GENERAL'S CALL TO ACTION TO IMPROVE HEALTH AND WELLNESS OF PERSONS WITH DISABILITIES – MEETINGS WERE HELD TO FURTHER IMPLEMENT GOALS AND STRATEGIES

The Office on Disability (OD) developed a program on the implementation of the strategic plan to achieve the four goals of the *Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities*. This implementation strategy calls upon members from all sectors of society – both public and private – to adopt and promote the messages conveyed in the *Call To Action*. The response has been overwhelmingly enthusiastic.

The OD is building partnerships with diverse groups such as medical professional societies, disability advocacy organizations, employers, state and local health officials, and the media and entertainment industries. Together, these partnerships are fostering a society in which, people nationwide understand that persons with disabilities can lead long, healthy, productive lives. Health care providers have the knowledge and tools to screen, treat, and diagnose the whole person with a disability with dignity. Persons with disabilities can promote their own good health by developing and maintaining healthy lifestyles. Accessible health care and support services promote independence for persons with disabilities.

The OD has made great strides since implementing the strategic plan in November 2006 such as disseminating the *Call To Action* and a survey at disability-based conferences – for all conference participants - asking individuals and organizations to identify opportunities to promote and support the *Call To Action* (e.g., creating a link to the OD on the organization's website, promoting the *Call To Action* in organizational newsletters, promoting the *Call To Action* at state and national conferences, etc.). The OD distributed materials at several disability-based conferences including: American Association on Intellectual and Developmental Disabilities Conference, Family Voices Conference, Voices of the Retarded Conference; Association of University Centers on Disabilities Conference, American Public Health Association Conference, National Institute of Neurological Disorders and Stroke (NINDS)/NIH Traumatic Brain Injury “Curing Epilepsy” Conference, Hispanic AMA Conference, Faith Based White House Conference, and others.

Additionally, to further implement the goals and strategies within the *Call To Action*, the OD hosted a meeting on **April 30, 2008**, at HHS to bring together leading experts in healthcare, education, and government to: 1) address the need to include training programs in curricula that are directly related to persons with disabilities; and 2) to forge an action plan to ensure that *all* health programs offer consistent healthcare access for persons with disabilities. The *Call To Action* identifies a great urgency to address the lack of knowledge and training among the medical profession, particularly, medical, dental, and nursing students in serving healthcare consumers with disabilities. Today, information on how to address the needs of this population is limited, at best, in medical, dental, and allied health school curricula. Moreover, demographic trends indicate that the number of health care consumers with disabilities is growing, underlining the importance of educating current and future medical professionals to better serve them and improve their quality of life.

On **May 22, 2008**, OD hosted a meeting at HHS to recognize the importance of access for all employers and employees to employer-sponsored health and wellness programs. Global competition, rising healthcare costs, and an increased demand for highly skilled, productive workers have led many employers to increase resources devoted to maintaining the health and productivity of their workforce. In an effort to contain costs, companies of all sizes are seeking to both prevent the onset of illness and disability, as well as to manage conditions once they occur. It is to the advantage of employers to be well informed of the needs and perspective of employees with disabilities, which can only be done by improving their representation in such programs and benefits. The outcomes of this meeting served as

the basis for a guide geared toward small, entrepreneurial and larger companies as they seek to enhance their health and wellness programs. The development of this guide is a priority for the OD and supports the *Call To Action*. OD's goal is to be a resource to companies so they can take steps to improve the wellness and productivity of their workforce.

For more information on the *Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities* and to inquire about the *Call To Action* meetings, contact the Office on Disability at 202-401-5844.

OFFICE ON DISABILITY LEADS INITIATIVE TO ADDRESS YOUTH WITH CO-OCCURRING DEVELOPMENTAL DISABILITIES AND EMOTIONAL/SUBSTANCE ABUSE DISORDERS

The Office on Disability (OD) is facilitating partnerships with Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid (CMS), Office of Special Education and Rehabilitative Services (OSERS), Administration on Developmental Disabilities (ADD), Health Resources Services Administration (HRSA) and their state counterparts to address the complex problems faced by children and youth with co-occurring developmental disabilities and emotional/substance abuse disorders. Known as the "Co-Occurring Initiative," the OD recognized the need for such an initiative after hearing, first-hand, from families with children and youth with co-occurring developmental disabilities and emotional/substance abuse disorders and the mental health frustrations with which they were faced in obtaining needed services.

Some of the difficulties faced by these families include age-restricted services, inadequate coverage including private insurance or insurances refusing to cover necessary care, missed diagnoses, difficulty accessing services, and denied care of certain types of disorders by medical facilities. Additionally, families must deal with *numerous* systems such as the developmental disability system, the mental health system, the educational system, the juvenile justice system, and the substance abuse system. Each system has a narrow scope and often overlooks the many needs of the children -- the result is fragmentation of services in which the children's needs are not met. These children and youth have complex needs that cannot be satisfied by any *one* of those systems of care. Without comprehensive services, children are unable to be appropriately integrated within the community, resulting in negative – yet preventable – outcomes such as serious behavior problems, problems keeping up in school, dropping out of school, and becoming institutionalized, homeless and/or incarcerated.

To remedy this situation, OD endorses and is advocating for a "systems approach," which would facilitate the coordination and interaction of these various systems by ensuring that the complex needs of these children and youth are met. In partnership with SAMHSA, CMS, OSERS, ADD, and HRSA, and their state counterparts, the OD is working to develop a demonstration that will encourage state involvement in creating sustainable, integrated programs of care for these children and youth. The demonstration will include coordination of education, health, behavioral health, Medicaid, and human services necessary to address the needs of these children.

The OD hosted a federal/state meeting on November 11 in San Diego, CA, with the states of Alaska and Arizona, to create a nationwide model and to plan for the implementation of a "systems approach" for this population. The OD hopes this "model" plan will result in the discovery of effective strategies to eliminate the fragmentation of health services and apply these successes to other states that will then implement the "systems approach."

For more information, contact the Office on Disability at 202-401-5844

AMERICAN HEALTH INFORMATION COMMUNITY WORKING TO ENSURE ELECTRONIC HEALTH RECORDS ARE AVAILABLE FOR PERSONS WITH DISABILITIES – CREATED DISABILITY WORKGROUP

Since its creation in 2005, the American Health Information Community (AHIC), a federal advisory body with members from the public and private sector, has been responsible for making recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) on “how to accelerate the development and adoption of health information technology.” In 2005, the Community created four initial subgroups on the subjects of: 1) biosurveillance; 2) consumer empowerment; 3) chronic care; and 4) electronic health records. Since then, AHIC has added other subgroups and workgroups – including the Disability Workgroup (formed October 16, 2007) – that cover emerging issues and make recommendations to the Secretary of HHS annually.

The Office on Disability (OD), is an active participant in the AHIC Consumer Empowerment Subgroup and the Disability Workgroup, and is involved in ensuring that as technology continues to spread into new fields such as healthcare that persons with disabilities are both involved in the development of and the use of such innovation. Most recently, the Disability Workgroup has been working to identify the needs of electronic Personal Health Record (ePHR) users who have a disability.

Although there is no universally accepted definition for the “electronic Personal Health Record,” it has been characterized by certain private health organizations as “a universally accessible, lifelong tool for managing health information and promoting health maintenance.” The ePHR is an electronic tool that is owned, managed, and shared by an individual. The information contained by an ePHR is private and confidential, but is not a legal record (footnotes 1&2). Understanding that information technology is often inaccessible to a person with a disability, the OD has made it a priority to ensure that the ePHR embraces accessibility standards for equipment and information technology as defined by the Access Board (footnote 3). The Access Board created these standards so individuals with disabilities would have access to and use of information and data that is comparable to the access and use by individuals who do not have a disability. Formal recommendations are being developed for both AHIC and Health Level 7 (HL7), an international standardization organization that is currently working to create a globally accepted functional model of the ePHR.

Footnotes.

- 1) American Health Information Management Association (AHIMA). The Role of the Personal Health Record in the EHR. Information retrieved February 27, 2008 from: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_027539.hcsp?DocName=bok1_27539
- 2) Healthcare Information Management Systems Society (HIMSS). Personal Health Record. Information retrieved February 27, 2008 from: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_027539.hcsp?dDocName=bok1_027539.
- 3) Access Board. Electronic and Information Technology Standards (Sec 508). Information retrieved on February 27, 2008 from: <http://www.access-board.gov/sec508/standards.htm>

OFFICE ON DISABILITY AND HHS ASSISTANT SECRETARY OF PREPAREDNESS AND RESPONSE HAVE WORKED TOGETHER TO ADDRESS THE NEEDS OF PERSONS WITH DISABILITIES IN EMERGENCY PREPAREDNESS WITH THE DEVELOPMENT OF A WEB-BASED TOOLKIT FOR STATE AND LOCAL PLANNERS

The Director of the Office on Disability (OD) has been chairing the Health and Human Services (HHS) Health Subcommittee of the Interagency Coordinating Council on Emergency Preparedness for Persons with Disabilities at the Department of Homeland Security (DHS). OD has been working in conjunction with the HHS Assistant Secretary of Preparedness and Response (ASPR) to ensure the needs of persons with disabilities are fully addressed in emergency preparedness. As part of this national priority, OD and ASPR developed a toolkit for state and local response managers which is located on the Office on Disability website www.hhs.gov/od. The web-based toolkit will also be available in other medium such as written and audio formats. The American Red Cross has aided in the creation of a more effective Shelter Assessment Tool which was created by the OD through a memorandum of understanding between the American Red Cross and ASPR. Since Hurricane Katrina, the new Shelter Assessment tool has been used during the California wildfires, Hurricane Ike, and Hurricane Gustav.

The toolkit combines existing guidance and best practices in an accessible, useful site. Information is organized based upon the following criteria:

All-Hazards Approach: The toolkit follows the Federal Emergency Management Administration's (FEMA) planning and Standard Operating Procedures guidance, based on an "all-hazards" model. Following FEMA's guide will ensure consistency with current methodology and familiarity to the emergency planner.

Emergency Support Function (ESF): Once the hazard is identified, the user will filter for specific ESF-focused guidance.

Category of Disability: Disabilities may be grouped into one or more of the following categories: physical, sensory, cognitive, behavioral, and chronic. The toolkit is designed to address various planning considerations and best-practice research for functional limitations in each category of disability.

Output: After the user navigates through the schema, the toolkit generates output to address planning considerations for each phase of emergency management.

In addition to the toolkit, there is a web-based training module on disabilities. The module was first used to educate HHS Public Health and civil service staff on detail during an emergency event.

In addition to the toolkit and training module, the OD and ASPR participated in rewriting the National Response Plan (NRP) to ensure that emergency preparedness issues of persons with disabilities are addressed in the NRP. OD and ASPR has also participated in rewriting the NRP's "Support Annex," which describes essential supporting aspects that are common to all incidents and are designed to provide detailed information to assist practitioners in implementing the Plan.

For more information on the toolkit, training module, and NRP, contact the Office on Disability at 202-401-5844.

OFFICE ON DISABILITY AND PARTNERS COMPLETE “THE YOUNG ADULT PROGRAM – RELEASE POLICY ACADEMY ON IMPROVING OUTCOMES FOR YOUNG ADULTS WITH DISABILITIES: FINAL PROJECT REPORT

The Office on Disability (OD), in conjunction with the National Governor’s Association Center for Best Practices (NGA), has recently completed a two-year “Young Adult Program.” The Program – designed to evaluate and address the needs of young adults, ages 14-30 with a disability – was created to improve services; enhance successful transition to adulthood; maximize independence; and reduce institutionalization, incarceration, and homelessness for young adults. The Program was developed as an outgrowth of the President’s New Freedom Initiative (NFI).

Throughout the Program, the NGA, OD, numerous federal agencies, and other experts in the field provided ongoing, customized technical assistance to assist the research teams. The National Institute of Child Health and Human Development, and the Agency for Healthcare Research and Quality provided the necessary evaluation and monitoring services for the project. Partnerships were created between the following agencies: Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid Services (CMS), Administration for Children and Families (ACF), Administration on Developmental Disabilities (ADD), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Health Resources and Services Administration (HRSA), and the Office for Civil Rights (OCR) for this initiative. Technical assistance was provided by the Social Security Administration (SSA), Department of Labor (DOL), Department of Education (ED), Housing and Urban Development (HUD), and the Federal Transit Authority (FTA) for this initiative.

Six demonstration states were selected to participate in the two-year Program, following a competitive application process. Participating states included Colorado, Connecticut, Florida, Kansas, Montana, and Washington. Additionally, to ensure full representation of the young adult population, the program included various American Indian communities residing within those six states. The American Indian Tribes represented were: all Colorado tribes, the Mashantucket Pequot of Connecticut, the Potawatomie of Kansas, all Montana tribes, and the Yakama of Washington.

The final project reports from those participating demonstration states, and it shows success in the project’s objectives, new lessons learned, and best practices obtained. During the first year, the states developed comprehensive strategic plans to fulfill the preliminary goals of the project. The preliminary goals were to incorporate each of the seven domains, as specified in the President’s NFI, to address the needs of each disability group, to address the needs of targeted age groups, and to address the needs of American Indian young adults with disabilities.

The six states and the American Indian tribes represented from five states were reportedly successful in creating partnerships, modifying State administrative infrastructures, and sustaining collaboration. The final report: *Policy Academy on Improving Outcomes for Young Adults with Disabilities – Final Project Report* includes examples of and discussions on the acquired best practices such as data sharing, resource mapping, and cross-agency funding. The Report is available on the OD website: <http://www.hhs.gov/od>. For more information, contact the Office on Disability at 202-401-5844.

OFFICE ON DISABILITY’S “I CAN DO IT, YOU CAN DO IT” – MAKING STRIDES NATIONWIDE—FY 2008. FLORIDA CHILDREN TO RECEIVE AWARDS.

Since the *I Can Do It, You Can Do It* Program, conceived and developed by Margaret Giannini, M.D., F.A.A.P., Director of the Office on Disability (OD) was officially launched in May 2004, with the support of the Secretary of the Department of Health and Human Services (HHS), the Surgeon General, and more than 60-disability based participating organizations, many of the 50 States and Tribes have instituted it. Two key partners with the OD are the National Institute of Health’s (NIH) Division of Nutrition Research Coordination/National Institutes of Health and the President’s Council on Physical Fitness and Sports. The Program has been enthusiastically received.

Fiscal Year 2008 included the development of an evaluation system, which monitors and assesses the progress of the program. The evaluation system includes research on the efficacy of the *I Can Do It, You Can Do It* Program for children and youth with *all categories* of disabilities; the research was conducted with the support of NIH’s Division of Nutrition Research Coordination in association with the University of New Mexico. Supporting organizations will administer the Physical Fitness for Children and Youth with Disabilities Program. To date, more than 18 organizations have successfully implemented the *I Can Do It, You Can Do It* Program and report great interest in continuing. The next step is to institute the Program throughout the United States with the goal of reaching as many of the estimated six million children and youth with disabilities as possible.

With the assistance of the American Association on Health and Disability and the University of New Mexico, an Evaluation System was established, which allows the children, participating organizations, and HHS to receive scientific information about implementation of the Program and its impact.

The CVS Caremark Charitable Trust awarded a three-year grant to support organizations that have pledged to institute the *I Can Do It, You Can Do It* Program. This was made possible through the efforts of the Foundation for the National Institutes of Health and the National Institute on Child Health and Human Development -- two important partners of the OD in the campaign against obesity in children with disabilities.

The Program is designed to improve the health of the six million children and youth in the United States who have disabilities by encouraging increased physical fitness and healthy nutrition behaviors – a priority of the HHS Secretary and the U.S. Surgeon General. Collaborating disability-based organizations across the country link physically fit mentors (who may or may not have a disability) with children and youth who have a disability. The mentors provide training and guidance to help the children become physically active by accumulating minutes of physical activity daily to earn the Presidential Lifestyle Award and with continued encouragement, to strive to earn a Presidential Champions Award by accumulating points for a bronze, silver, or gold medal. The outcome is to change behavior and include physical fitness in daily life.

Florida Children Receive Awards

Jayne Greenberg, Ph.D., Director of the *I Can Do It, You Can Do It* Program in the Miami-Dade County Public Schools, announced that more than 1000 children with disabilities would be given awards related to the President’s Challenge for Physical Fitness at a ceremony on April 15, 2008, in the American Airlines Arena in Miami. The children received the “Presidential Active Lifestyle Award (PALA) for their successful participation in the *I Can Do It, You Can Do It* Program. Margaret J. Giannini, M.D., F.A.A.P., Director of the Office on Disability, HHS, attended the Awards Ceremony as a Speaker and a Presenter of Awards. Of particular significance was the “Presidential Gold Medal Award,” which was awarded to Abraham Arias, a child who attained the “Presidential Active Lifestyle Award,” but continued a lifestyle of increased activity for several years to meet the requirements for the Gold Medal. Dr. Giannini also awarded two Presidential Silver Medal Awards. Dr. Greenberg has

implemented the *I Can Do It* Program since 2005 and has assisted more than 2000 students with disabilities to obtain their PALA Awards.

For more information on the Program, contact the Office on Disability at 202-401-5844

OFFICE ON DISABILITY SECTION 508 UPDATE – PROVIDES NEW GUIDANCE

Section 508 of the Rehabilitation Act requires that all electronic and information technology (EIT) systems acquired after June 21, 2001, be accessible to federal employees with disabilities. The Department of Health and Human Services (HHS) complies by requiring that contractor documents, items, and services conform to a variety of technical standards set out by the U.S. Access Board. The Office on Disability (OD) is the Section 508 Coordinator, responsible for overall HHS Section 508 compliance and works in partnership with other HHS offices to address emerging issues.

The OD, the Assistant Secretary of Administration and Management (ASAM), and the Office of Acquisition Management and Policy (OAMP), and the Assistant Secretary for Public Affairs have collaborated on two sets of acquisition guidance for ensuring Section 508-compliant systems and documents. This guidance has been disseminated widely throughout the Department and is now in full force.

The first set of guidance makes significant changes to the HHS process for procuring technology, and makes changes in the language used in solicitations and contracts for EIT products and services – including Web Services. These changes require review of acquisition plans by Section 508 Officials, documentation of accessibility through a new Product Accessibility Template (PAT) and an ongoing review of documents and EIT products and services during multi-year and option execution.

The second set of guidance addresses an area not normally acquired as technology – documents, reports, training materials, and research studies intended for electronic dissemination. Since almost all such documents end up on the Internet, intranet, or through broadcast emails – they, too, must be accessible to employees and persons with disabilities.

The OD has been partnering with the Web Communications and News Media Division (HHS) to develop more information on document accessibility and how to check before posting or sending documents to ensure access for all.

If you have not seen the new acquisition guidance, contact your OPDIV acquisition management, Section 508 Coordinator or ASAM/OAMP to obtain a copy. Section 508 coordinators are listed in: <http://508.hhs.gov>.

HHS CELEBRATES PERSONS WITH DISABILITIES—PRESENTS SECRETARY’S HIGHEST REGONITION TO INDIVIDUALS IN COMMEMORATION OF PRESIDENTIAL NATIONAL DISABILITY MONTH – OCTOBER 2008

On October 27, 2008, in celebration of the Presidential National Disability Awareness Month, the Office on Disability (OD) at the U.S. Department of Health and Human Services (HHS) were joined by hundreds of federal, state, local and private advocacy organization representatives to honor extraordinary individuals with the “Secretary’s Highest Recognition Award” and two individuals for Distinguished Service.

Margaret J. Giannini, M.D., F.A.A.P. welcomed the attendees and Secretary Michael Leavitt provided opening remarks. Deputy Secretary Tevi Troy provided the greetings. Award recipients included: Joseph Rosen, M.D., Emily Perl Kingsley, Phyllis Magrab, Ph.D., Kyle Maynard, and Alim-Louis Benabid, M.D., Ph.D. Jason Kingsley and Dora Ricks were presented with Awards for Distinguished Service.

The Secretary’s Highest Recognition Awards and Awards for Distinguished Service

- 1. Joseph Rosen, M.D.**, received the *Health/Service Provider for Persons with Disabilities Award*. Dr. Rosen is a researcher, professor and noted plastic surgeon who performs facial and body reconstructions at Walter Reed Medical Center for Returning Wounded War Heroes, pro bono.
- 2. Emily Perl Kingsley** received the *Entertainment Industry Award*. Ms. Kingsley is a writer for Sesame Workshop, who was responsible for the topic of disability on Sesame Street with children with disabilities and Muppets with disabilities appearing on Sesame Street Programs.
- 3. Phyllis Magrab, Ph.D.** received the *Persons with Disabilities Award*. Dr. Magrab is an educator, scholar, skilled clinician and champion for children with disabilities nationally and internationally.
- 4. Kyle Maynard** received the *Role Model for Persons with Disabilities Across the Life span Award*. Mr. Maynard was born with congenital amputation of all four limbs, is a champion wrestler, author, motivational speaker, and advocate.
- 5. Alim-Louis Benabid, M.D., Ph.D.** received the *First International Award*. Dr. Benabid is a world renowned pioneering scientist and mentor in the area of deep brain stimulation that changes the lives of persons with Parkinson’s Disease, dystonia and other movement disorders.
- 6. Jason Kingsley** received *The 2008 Certificate of Achievement*. Mr. Kingsley has down syndrome has become a recognized author.
- 7. Dora Ricks** received *The 2008 Certificate of Appreciation*. Ms. Ricks was honored for her training of individuals with developmental disabilities for mailroom employment voluntarily.

HONORS

The University Center of Excellence Association Honors Margaret J. Giannini, M.D., F.A.A.P. In 2007 the University Center of Excellence Association honored Dr. Giannini with a “Lifetime Achievement Award” for her pioneering efforts and contributions to the improving the lives of persons with disabilities.

The Rienzi Foundation for Cochlear Implant Research Honors Margaret J. Giannini, M.D., F.A.A.P. In March 2008 The Rienzi Foundation for Cochlear Implant Research, in Astoria, NY, honored Dr. Giannini for her professional achievements and humanitarianism in the field of medical research and cochlear implants. Past honorees have included former President Bill Clinton, Senator Tom Harkin and doctors from NYU Cochlear Center as well as implant recipients.

Case Western Reserve University Honors Margaret J. Giannini, M.D., F.A.A.P. Dr. Giannini was honored for her professional achievements at Case Western Reserve, where she was bestowed with a Doctor of Science honorary degree at commencement May 18, 2008.

The William A. Hillman Distinguished Service Award for 2008. Dr. Giannini was presented by the National Consortium of Physical Education and Recreation for Individuals with Disabilities, in Reston, VA.

THE OFFICE ON DISABILITY WELCOMES DEPUTY DIRECTOR DR. MICHAEL MARGE

The Office on Disability (OD), Office of the Secretary, U.S. Department of Health and Human Services (HHS) is pleased to announce the appointment of Michael Marge, Ed.D. as the new Deputy Director of OD.

Dr. Marge will provide scientific and technical leadership and direction to the programs of OD. He will assist the Director in the development and implementation of strategic plans; in monitoring the implementation of OD's Initiatives, providing analysis and coordination as needed; recommending courses of action to the Director in the resolution of major decisions and concerns which may be sensitive and may require delicate negotiation or resolution; managing research, grant reviews and writing of comprehensive reports; and supervising staff, assigning and reviewing work, identifying training needs, and evaluating performance. His responsibilities encompass disability issues and programs across all agencies within HHS, both nationally and internationally.

Prior to joining OD, Dr. Marge was a Scientific and Technical Advisor to the Director of the Office on Disability. He developed and implemented two major OD priorities: The National Initiative on Closing the Gaps in Health Care and Early Intervention Services for Infants and Young Children with Hearing Loss and the National Initiative on Physical Fitness for Children and Youth with Disabilities (the I Can Do It, You Can Do It Program). He also served as a Professional Consultant and Advisor for the Foundation of the National Institutes of Health, Bethesda, Maryland, assisting in the implementation of its National Initiative on Physical Fitness for Children and Youth with Disabilities.

From 1999-2003, Dr. Marge completed a four year Intergovernmental Personnel Assignment (IPA) with the Social Security Administration, on loan from the Department of Physical Medicine and Rehabilitation, SUNY Upstate Medical University. He was intensely involved in several major projects related to research, statistics, and evaluation of disability programs administered by the Social Security Administration. In 1997, he was appointed Research Professor in the Department of Physical Medicine and Rehabilitation, SUNY Upstate Medical University in Syracuse, NY. He served for 25 years, first as

Dean of Human Development, and then as Professor of Rehabilitation and Speech Pathology and Audiology, Syracuse University and Director of the Center for Prevention of Disabilities, Syracuse University. His research, clinical and academic work focused on the area of prevention of primary and secondary disabilities, including the prevention of chronic diseases, communication disorders, and health promotion.

"I am honored to have this opportunity to serve the Office on Disability and such a national and internationally renowned leader as Margaret J. Giannini, MD, FAAP, Director of OD, in OD's efforts to improve the health and quality of life for 54 million people with disabilities. Although much has been accomplished in the last decade, the health, economic, and social needs of people with disabilities have not been adequately met. I am particularly excited about the clinical and program implications of evolving research and development for the health of infants and young children, the elderly and our returning veterans with disabilities."

"Dr. Marge's expertise and accomplishments, including his research, clinical care, leadership in organizational development, and his diverse community experiences will bring new and valuable dimensions to the Office on Disability," stated Margaret Giannini, MD, FAAP, Director of OD.

The Department of Health and Human Services (HHS) Office on Disability (OD) wishes to acknowledge and thank for all of her hard work and dedication to OD, Eileen Elias, M.Ed., the former Deputy Director of OD. Ms. Elias left the Office on Disability this past May.



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